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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.

MBI -1067

First Named Inventor

DUNN, et al.

Original Patent Number

6,125,548

Original Patent Issue Date
(Month/Day/Year)

3/21/2000

Express Mail Label No.

APPLICATION FOR REISSUE OF:



Utility Patent



Design Patent



Plant Patent

(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other: Certificate of Mail
Via Express Mail

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



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(Insert Customer No. or Attach bar code label here)

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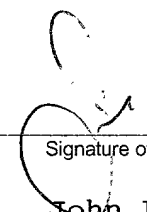
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7/10/2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) MBI 1067	
Claims as Filed - Part 1							
Claims in Patent	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
(A) 4 (C) 2		(B) 15 (D) 4	**** 0 = * 2 =	x \$ ____ = x \$ 40 =	Fee 80	or	Rate Fee x \$ ____ = x \$ ____ = \$ ____ OR \$
Basic Fee (37 CFR 1.16(h))					\$355		
Total Filing Fee					\$435		
Claims as Amended - Part 2							
Total Claims (37 CFR 1.16(j))	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
***	MINUS	**	* =	Rate x \$ ____ =	Fee	Rate x \$ ____ =	Fee
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =	x \$ ____ =	x \$ ____ =
Total Additional Fee					\$	OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A), if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-0462</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>435.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>7/10/01</u> Date</p> </div> <div style="width: 45%; text-align: center;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p><u>John L. Knoble</u> Typed or printed name</p> </div> </div>							

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): DUNN, et al.

Docket No.

MBI-1067

Serial No.

Unknown

Filing Date

Herewith

Examiner

Unknown

Group Art Unit

Unknown

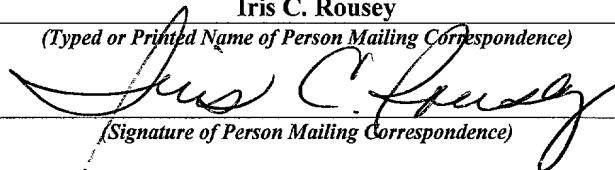
Invention: BOTTLE RACK

I hereby certify that the following correspondence:

Reissue Patent Application Transmittal; Specification, Claims & Abstract (4 pgs.); Formal Drawings (3 pgs.); Reissue Application Fee Transmittal Form (in dup); Reissue Declaration and Power of Attorney including Statement of Inoperativeness or Invalidity; Offer to Surrender, Assent of Assignee, and Power of Attorney; PTO Form 1449; Transmittal letter of Information Disclosure Statement ; Copies of cited References; and a Check for \$435.00 .

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

July 10, 2001*(Date)*Iris C. Rousey*(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)*EL022641329US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**